

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000127966

FILED  
Mar 08, 2011  
Secretary of State

Entity Name: STEWART PLANNING GROUP, INC

**Current Principal Place of Business:**

595 N NOVA RD.  
SUITE 104  
ORMOND BEACH, FL 32174 US

**New Principal Place of Business:**

**Current Mailing Address:**

595 N NOVA RD.  
SUITE 104  
ORMOND BEACH, FL 32174 US

**New Mailing Address:**

FEI Number: 26-2050845      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STEWART, KATHERINE  
595 N NOVA RD.  
SUITE 104  
ORMOND BEACH, FL 32174 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: STEWART, KATHERINE B  
Address: 595 N. NOVA RD. SUITE 113  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: SECT  
Name: STEWART, KATHERINE B  
Address: 595 N. NOVA RD. SUITE 113  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: DIR  
Name: STEWART, CHAY R  
Address: 595 N. NOVA RD. SUITE 113  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: DIR  
Name: STEWART, KATHERINE B  
Address: 595 N. NOVA RD. SUITE 113  
City-St-Zip: ORMOND BEACH, FL 32174 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KATHERINE STEWART

PRES

03/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date